STATE OF MARYLAND—CERTIFICATE OF DEATH

0370

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Caroline — Registration Dist. No. 64

Village or City Federalsburg — No. Walkertown St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 81 yrs. 2 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME A. Victoria Andrew — If U. S. Veteran, specify WAR

(a) Residence: No. Federalsburg, Md. St., Ward. No Social Security Number

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F. Andrew - 80 yrs.

6. DATE OF BIRTH (month, day, and year) October 30, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1937 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Caroline County (State or country) Maryland

FATHER

13. NAME Elijah Jester

14. BIRTHPLACE (city or town) Caroline County (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebecca Hubbard

16. BIRTHPLACE (city or town) Caroline County (State or country) Maryland

17. INFORMANT Mrs. Oral Christopher (Address) Federalsburg, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Md. Date Jan. 24, 1940

19. UNDERTAKER J. J. Hampton and Son (Address) Federalsburg, Maryland

20. FILED Jan. 27, 1940 S. S. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1939, to 1/22, 1940

I last saw her alive on 1/22, 1940; death is said to have occurred on the date stated above, at 2 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Cerebral Thrombosis	1934
Other Contributory Causes of importance:	
Chronic Myocarditis	1930

Name of operation — Date of

What test confirmed diagnosis? Physical Sign — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank M. Anderson M. D.

(Address) Federalsburg, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 6 1928 BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0371

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County Caroline
City or town Near Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margret Austelle

3. (b) Social Security Number none

4. Sex Female | 5. Color or race white | 6.(a) Single, married, widowed, or divorced widow

6 (b) Name of husband ~~or wife~~ John Austelle

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28th 1870

8. AGE: Years 69 | Months 11 | Days — | If less than one day hrs. min.

9. Birthplace Near Denton Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name James Callison

13. Birthplace Maryland

MOTHER 14. Maiden name Margret Baker

15. Birthplace Maryland

16. Informant Mrs Nora Craft

Address Denton Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 1-31-40 (month) (day) (year)

Cemetery or crematory Burrsville Md.

Location M. E. Church Cemetery

18. Funeral director J. Virgil Anson Law

Address Denton Md.

19. 1/31 (Date rec'd by registrar) 1940 Mrs. D. O. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1940, at 1.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 1940, to Jan 28 1940, and that I last saw h alive on Jan 28 1940.

Immediate cause of death — DURATION

Lobar Pneumonia — 6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. Paul Kurtz M.D.
M. D. or other

Address Denton Md Date signed Jan 31. 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106-C)

0372

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline

City or town Greensboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary A. Biles

3. (b) Social Security Number

4. Sex Female

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife John T. Biles

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1864

8. AGE: Years 76 Months 4 Days If less than one day hrs. min.

9. Birthplace Unknown, Maryland?

(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business

FATHER 12. Name Perry Biller

13. Birthplace Unknown.

MOTHER 14. Maiden name Elizabeth

15. Birthplace Unknown.

16. Informant Bessie Meeks.

Address Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 30, 1940 (month) (day) (year)

Cemetery or crematory Greensboro Md.

Location Greensboro.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. Jan. 30 1940 (Date rec'd by registrar) L. Mac Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1940, at 5:58 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1935, to Jan 26 1940, and that I last saw her alive on Jan. 23 1940.

Immediate cause of death	DURATION
Due to Chronic Bronchitis	1930
Due to	
Other conditions Arteriosclerosis	1925

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hanson Gengle M. D. or other

Address Denton Date signed 1/30/40

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FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

0373

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Denton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6th and Market Streets

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 6th and Market Streets (If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR: Wored War

3. (a) FULL NAME: Thomas Mark Breeding

3. (b) Social Security Number: 220-07-5754

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lydia H. Breeding

6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): November 30, 1889

8. AGE:

Years	Months	Days	If less than one day
50	1	10	____ hrs. ____ min.

9. Birthplace: Caroline County, Maryland (Town, county and state)

10. Usual occupation: Insurance Agent

11. Industry or business: Fire Insurance

FATHER — 12. Name: William R. Breeding

FATHER — 13. Birthplace: Caroline County, Maryland

MOTHER — 14. Maiden name: Cora Griffith

MOTHER — 15. Birthplace: Caroline County, Maryland

16. Informant: Mrs. Lydia H. Breeding

Address: Denton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 12, 1940 (month) (day) (year)

Cemetery or crematory: Hill Crest Cemetery

Location: Federalsburg, Maryland

18. Funeral director: J. J. Hampton and Son

Address: Federalsburg, Maryland

19. Jan 12th 1940 (Date rec'd by registrar) Mrs D. O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 10 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 19__ to 27 Jan 10 1940, and that I last saw him alive on Jan 10 1940.

Immediate cause of death	DURATION
Due to Cerebral Hemorrhage	Sudden
Due to Aortic Sclerosis	1936
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dawson D George M. D. or other

Address: Denton Date signed 1/12/40

RECEIVED
FEB 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

0374

Reg. Dist. No. 60

1. PLACE OF DEATH:

County: Caroline

City or town: Henderson R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Henderson R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Nancy E. Carter

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	W	—

6 (b) Name of husband or wife: —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec. 21, 1939

8. AGE:

Years	Months	Days	If less than one day
	1	10	hrs. min.

9. Birthplace: Henderson R.F.D.
(Town, county, and state)

10. Usual occupation: — None

11. Industry or business: —

FATHER
12. Name: Clayton Carter
13. Birthplace: Greensboro Md.

MOTHER
14. Maiden name: Bessie J. Wright
15. Birthplace: ~~Hen~~ Unknown

16. Informant: Clayton Carter
Address: Henderson R.F.D. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Feb 1, 1940 (month) (day) (year)

Cemetery or crematory: Greensboro.

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.

19. 2/1/40 19 A. Clark Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 31 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 29 1940, to Jan 31 1940, and that I last saw her alive on Jan. 30 1940.

Immediate cause of death: Broncho Pneumonia

Due to

Due to

Other conditions: Premature Infant
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Charles H. Stoneseifer M.D.
M. D. or other
Address: Greensboro Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0375

1. PLACE OF DEATH (49a)

County Caroline — Registration Dist. No. 64

Village or City Harmony - near Preston Md — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Naomi G. Dawson — If U. S. Veteran, specify WAR ____

(a) Residence: No. Denton, Maryland, R.F.D. St., ____ Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John Dawson - 65 yrs.

6. DATE OF BIRTH (month, day, and year) October 25, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	50	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) September 1939 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Talbot County (State or country) Maryland

FATHER

13. NAME William J. Sedgwick

14. BIRTHPLACE (city or town) Talbot County (State or country) Maryland

MOTHER

15. MAIDEN NAME Gertrude Ferguson

16. BIRTHPLACE (city or town) Talbot County (State or country) Maryland

17. INFORMANT Mrs. G. Elmer Collins (Address) Cordova, Maryland

18. BURIAL, CREMATION, OR REMOVAL Union Grove Cemetery Place Mr. Preston, Md. Date Jan. 17, 1940

19. UNDERTAKER A. J. Frampton and Son (Address) Federalsburg, Maryland

20. FILED Jan. 15, 1940 S. S. Frampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attandad deceased from Sept, 1939, to January 14, 1940

I last saw h.. alive on Nov 5, 1939; death is said to have occurred on the date stated above, at 10:30 A m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causes of importanca were as follows:

	Date of onset
Carcinomatous Papilloma of right ovary	Aug 1939
Othar Contributory Causes of Importance:	
Abdominal Carcinomatosis	Nov 1939

Name of oparation Exploratory c Date of Oct 11-1939

What test confirmed diagnosis? Section examined Was thera an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Natura of injury ____

24. Was disaase or injury in any way relatad to occupation of deceased? No

If so, spacify ____

(Signed) Paul Tuttle M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

0376

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Tiber Hospital
Stay in hospital or inst. (yrs., or mos., or days): 2 days
Stay in this community (yrs., or mos., or days): none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Denton (rural near) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Clement Drake

3. (b) Social Security Number: none

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed (deceased)
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): November 22 1855

8. AGE: Years: 84 Months: 1 Days: 25 If less than one day ____ hrs. ____ min.

9. Birthplace: Reading (rural near) Pa
(Town, county, and state)
10. Usual occupation: Farmer - retired
11. Industry or business: Agriculture
FATHER
12. Name: John Drake
13. Birthplace: Germany
MOTHER
14. Maiden name: Elizabeth Henning
15. Birthplace: Germany
16. Informant: Clement Drake
Address: deceased
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 20, 1940 (month) (day) (year)
Cemetery or crematory: Denton
Location: Denton, Md.
18. Funeral director: J. Virgil Moore & Son
Address: Denton Md.
19. Jan 19 1940 (Date rec'd by registrar) J W Davis. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 17 1940, at 4:10 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3 1932, to January 17 1940, and that I last saw him alive on Jan 17 1940.

Immediate cause of death: Heart attack — DURATION: 3 days
Due to: Arteriosclerotic Cardio vascular renal disease — 8 years plus
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ injury was not cause of death cut, lacerated scalp Date of 1-15-40
Where did injury occur? Denton (City or town) Caroline (County) Md (State)
Injured at home, farm, industry, public place (where?) home on farm
Means of injury: fall from heart attack Injured at work? no

23. SIGNATURE: J G Tufer M. D. (M. D. or other)
Address: Ridgely Md Date signed: 1-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 1 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0377

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Near Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Near Denton R.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Theodore Emory

3. (b) Social Security Number

4. Sex male

5. Color or race Col

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

— 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24. 1905

8. AGE: Years 34 | Months 10 | Days 5 | If less than one day hrs. min.

9. Birthplace Williston Maryland (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Elmer Emory.

13. Birthplace Maryland.

MOTHER 14. Maiden name Sarah Murry.

15. Birthplace Maryland.

16. Informant Geo. Murry.

Address Denton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-6-40 (month) (day) (year)

Cemetery or crematory Spring Grove Cemetery

Location Near Denton

18. Funeral director J. Virgil Moore & Son.

Address Denton. Md.

19. 1-4 1940 Mm D O George (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1940, at 7:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1940, to Jan 2 1940, and that I last saw him alive on Jan 2 1940.

Immediate cause of death

Due to Cerebral Hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

Sudden

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hanson T. George M. D. or other

Address Denton Md Date signed 1-4-40

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JAN 11 1940
BUREAU V. S.

Dr. Paul Knotts

STATE OF MARYLAND—CERTIFICATE OF DEATH

0378

1. PLACE OF DEATH (93-2)

County Caroline Registration Dist. No. 62

Village or City Denton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Fisher If U. S. Veteran, specify WAR —

(a) Residence: No. Denton, Maryland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R. Fisher - 63 yrs.

6. DATE OF BIRTH (month, day, and year) March 1, 1867

7. AGE Years 72 Months 10 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. General Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME John Fisher

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Anna R. Fisher (Address) Denton, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Md Date Jan. 17, 1940

19. UNDERTAKER J. J. Hampton and Son (Address) Federalsburg, Maryland

20. FILED 1-17, 1940 Mrs. D. O. Gauge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 14 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb, 1937, to January 14, 1940

I last saw him alive on January 19, 1940; death is said to have occurred on the date stated above, at 3:10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other Contributory Causes of importance:

Arteriosclerosis and Hypertension	1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul Knotts M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

0379

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Caroline

City or town Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Hattie Hageman

3. (b) Social Security Number No.

4. Sex F.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Emmett D. C. Hageman

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years about 7½ Months Days If less than one day hrs. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER 12. Name Not known

13. Birthplace "

MOTHER 14. Maiden name Not known

15. Birthplace "

16. Informant Mrs Walter George

Address Denton, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan 10, 1940 (month) (day) (year)

Cemetery or crematory Laurel

Location Laurel, Delaware

18. Funeral director R Ellis Clark

Address Easton, Md.

19. 1/12 1940 Mrs. D. O. George (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1940, at EA M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to Jan 10 1940, and that I last saw her alive on Jan 10 1940.

Immediate cause of death NMD Ovalite, Chronic. Pyelopis. Duration: two years. C.W.G.R.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Melvin N Wilkins M. D. or other

Address Denton Md Date signed 1/10/40

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FEB 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83-a

0380

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town West Denton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Jenkins

3. (b) Social Security Number none

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married Coleman

6 (b) Name of ~~husband~~ or wife Mrs Mary - ~~Mr Crawford~~

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug. 1 1863

8. AGE: Years 75 Months 5 Days 19 If less than one day ___ hrs. ___ min.

9. Birthplace Easton. Talbot Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Jenkins
13. Birthplace Talbot. Maryland

MOTHER
14. Maiden name Rebecca
15. Birthplace Talbot Maryland

16. Informant Mrs John Jenkins

Address Denton Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 1-22-40 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Md.

18. Funeral director J. Virgil Moore & Son

Address Denton Md.

19. 1-22 1940 (Date rec'd by registrar) Wm D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 16 1940, to Jan 19 1940, and that I last saw him alive on Jan 18 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days
Due to Arteriosclerosis	6 yr
Hypertension	6 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E Paul Knotts M D
M. D. or other

Address Denton Md Date signed Jan 22 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 6 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (194a)

0381

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Rural Near Federalsburg, Md.
(If outside city or town limits, write RURAL or NEAR and give town)

Street address, hospital, or institution: None

Stay in hospital or inst. (yrs., or mos., or days) None

Stay in this community (yrs., or mos., or days) 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Rural Near Federalsburg, Md. Ward No.
(If outside city or town limits, write RURAL or NEAR and give town)

Street No. One half mile from town, over railroad, on River Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Lawrence Fuller Martin

3. (b) Social Security Number Reed. 283-05-4017

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

B (b) Name of husband or wife May Martin

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) September 26, 1873

8. AGE:

Years	Months	Days	If less than one day
66	2	9	____hrs. ____min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Tide setter

11. Industry or business " Contractor

FATHER 12. Name Thomas F Martin

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden name Ella A. Whitehouse

15. Birthplace Baltimore, Md.

16. Informant Mrs. May Martin

Address Federalsburg, Md. R.F.D.

17. Burial Date thereof 1/9/1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington Cemetary

Location Hurlock, Md.

18. Funeral director C. W. Adams

Address Federalsburg, Md.

19. Jan 8 1940 J. J. Garris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1940, at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to Jan 5 1940, and that I last saw him alive on Jan 5 1940.

	DURATION
Immediate cause of death Coronary Thrombosis.	immediate
Due to Arteriosclerosis	
Due to	
Other conditions Cardio-Vascular Renal Disease	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. C. Fleming M.D.
M. D. or other

Address Federalsburg Md Date signed 1-6-40

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JAN 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

0382

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Greensboro md. R.F.D
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Greensboro R.F.D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel H. May

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	B	married

6 (b) Name of husband or wife Susan May
6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) June 12 1862

8. AGE: Years 78 | Months 6 | Days 22 | If less than one day ___hrs. ___min.

9. Birthplace Maryland. Caroline Co.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Samuel May.
13. Birthplace Maryland.

MOTHER
14. Maiden name Emblem
15. Birthplace Maryland.

16. Informant Susan May.
Address Greensboro md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 7 1940 (month) (day) (year)
Cemetery or crematory Union
Location Near Greensboro Md.

18. Funeral director Raymond B. Rawlings
Address Greensboro Md

19. Jan 6 1940 (Date rec'd by registrar) L. MacLippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1939 to Dec 30 1939 and that I last saw him alive on Dec 30 1939

Immediate cause of death	DURATION
Arteriosclerotic Cardio Vascular Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles H. Spencer M.D. M. D. or other
Address Greensboro md Date signed 1/6/40

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FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24a)

0383

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline

City or town Greensboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Caroline

City or town Greensboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rachel McClemmits

3. (b) Social Security Number

4. Sex Female

5. Color or race W

6. (a) Single, married, widowed, or divorced widowed.

6 (b) Name of husband or wife Frederick McClemmits

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3. 1856.

8. AGE: Years 83 Months 2 Days 9 If less than one day hrs. min.

9. Birthplace Delaware.

(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business

FATHER 12. Name Robert Sapp.

13. Birthplace Delaware.

MOTHER 14. Maiden name Unknown.

15. Birthplace Delaware.

16. Informant Earl McClemmits.

Address Greensboro Md.

17. Greensboro Burial Date thereof Jan 16

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Greensboro.

Location Greensboro Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. Jan. 16 1940 L. Mae Pippin

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1940, at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13 1939, to Jan. 13 1940, and that I last saw her alive on Jan. 12 1940.

Immediate cause of death Septicemia, streptococcic.

Due to Streptococcus Viridans. cwt. Primary cause, unknown.

Due to

Other conditions Secondary Anemia

(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H Stoneufer M.D.

M. D. or other

Address Greensboro Md Date signed Jan 16 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 2 1940
BUREAU V. S.

0384

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County: Caroline

City or town: Ridgely (near)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: house

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline dist

City or town: Ridgely (near) Ward No. 7th
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Calvin William Miller

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: col

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): September 3 1939

8. AGE: Years: 0 Months: 4 Days: 12 If less than one day: hrs. min.

9. Birthplace: Ridgely (near) Caroline md
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Calvin Wm Edwin Miller
13. Birthplace: Ridgely md

MOTHER
14. Maiden name: Carry Flomer
15. Birthplace: Ridgely md

16. Informant: Carry Miller — mother
Address: Ridgely md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan 16" 1940 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: Calvin Miller
Address: Ridgely md.

19. Jan 16" 1940 (Date rec'd by registrar) J W Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 15 1940, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 (10:00 AM) 1940, to Jan 15 1940, and that I last saw him alive on Jan 15 1940.

Immediate cause of death: Lobar Pneumonia — DURATION: 1-12-40

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J S Tufer MD
M. D. or other
Address: Ridgely md Date signed 1-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (837)

0385

CERTIFICATE OF DEATH

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Henderson R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Henderson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Thomas Newton

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Married.

6 (b) Name of husband or wife: Mrs. Lilian Newton
6(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Feb. 18 - 1872

8. AGE: Years	Months	Days	If less than one day
68	10	22	hrs. min.

9. Birthplace: England.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business:

FATHER
12. Name: Miles Newton
13. Birthplace: England.

MOTHER
14. Maiden name: Edmonds Kenyon.
15. Birthplace: England.

16. Informant: Mrs. Lilian Newton
Address: Henderson.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 13-40 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro, Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19 1-12-40 (Date rec'd by registrar) A.C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 10 19 40, at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to 1/10 1940
and that I last saw him alive on 1/10 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. D. Selvey M. D. or other
Address: Goldsboro Date signed 1-12-40

RECEIVED
FEB 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0386

1. PLACE OF DEATH (83-a)

County Caroline Registration Dist. No. 64

Village or City Federalsburg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Herbert Owens If U. S. Veteran, specify WAR —

(a) Residence: No. Federalsburg, Maryland St., Ward. No Social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A. Mabel Owens - 53 yrs.

6. DATE OF BIRTH (month, day, and year): November 15, 1874

7. AGE: Years 65 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: High School

10. Date deceased last worked at this occupation (month and year): Jan. 18, 1940

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Glencoe Baltimore County, Md.

FATHER

13. NAME: Thomas L. Owens

14. BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

MOTHER

15. MAIDEN NAME: Mary K. Richardson

16. BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

17. INFORMANT (Address): Mrs. J. Herbert Owens Federalsburg, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place: Spesutia Cemetery Perryman, Md. Date: Jan. 31, 1940

19. UNDERTAKER (Address): J. J. Frampton and Son Federalsburg, Maryland

20. FILED: Jan. 30, 1940 J. J. Frampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1940, to Jan 28, 1940 I last saw him alive on Jan 28, 1940; death is said to have occurred on the date stated above, at 10:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral Hemmorrhage — Date of onset 1-19-40

Other Contributory Causes of importance: Generalized Arteriosclerosis with Hypertension

Name of operation: [illegible] Date of

What last confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Lemmon M. D.

(Address) Federalsburg Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 6 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-c)

CERTIFICATE OF DEATH

0387

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Greensboro R.F.D

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County Delaware

City or town Philadelphia Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Marie Gertrude Prettyman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1899

8. AGE:

Years	Months	Days	If less than one day
40	11 Mos	8	hrs. min.

9. Birthplace Wilmington Del.

(Town, county, and state)

10. Usual occupation Artist

11. Industry or business

FATHER 12. Name Lorain Prettyman

13. Birthplace Wilmington Del.

MOTHER 14. Maiden name Nagga Bleyer

15. Birthplace Wilmington, Del

16. Informant Lorain Prettyman

Address Greensboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 26 1940 (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro. Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro. Md.

19. Jan. 25 1940 (Date rec'd by registrar) L. Mad Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15 1940, to Jan. 22 1940, and that I last saw h alive on Jan 21 1940.

Immediate cause of death	DURATION
Abdominal Cardio-vascular disease	6 d
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles K. Stevenson M.D.

Address Preemption Md. Date signed Jan. 25 1940

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0388

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Bethlehem, Md. R.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Bethlehem Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George E. Sellers

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary R. Reed

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19-1868

8. AGE: Years	Months	Days	If less than one day
71	7	3	hrs. min.

9. Birthplace Cabin Creek Dorchester Co Md.
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER 12. Name Edw. Sellers

13. Birthplace Dorchester Co, Md

MOTHER 14. Maiden name unknown

15. Birthplace "

18. Informant Mildred Miley

Address Bethlehem, Md.

17. Burial Date thereof Jan 24-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton Maryland

18. Funeral director John D. Williams

Address Easton, Md.

19. Jan. 23 19-1940 Cornelia D. Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan-22 1940, at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1939, to 1-22 1940

and that I last saw him alive on 1-20 1940.

Immediate cause of death Carcinoma of Tongue — DURATION 2 yrs?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other

Address Easton Md. Date signed 1-22-40

RECEIVED
FEB 8 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

0389

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Boley Seth

3. (b) Social Security Number

4. Sex F

5. Color or race Col

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Denton Caroline Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Sherman Seth

13. Birthplace Denton, Md

MOTHER 14. Maiden name Mildred Thomas

15. Birthplace Denton Md

16. Informant Sherman Seth (Father)

Address Denton

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-12-40 (month) (day) (year)

Cemetery or crematory Spring Grove Cemetery

Location Denton Md.

18. Funeral director J. Virgil Moore & Son

Address

19. 1-12 1940 (Date rec'd by registrar) Wm D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death

Due to Stett Bone

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hanson O. George M. D. or other

Address Denton Md. Date signed 1-12-40

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FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0390

(930)

Reg. Dist. No. 62

1. PLACE OF DEATH:
County Caroline
City or town Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Caroline
City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William J. Shawn.

3. (b) Social Security Number

4. Sex m
5. Color or race w
6. (a) Single, married, widowed, or divorced widower
6 (b) Name of husband or wife Mary Bishop Shawn.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 12th 1864
8. AGE: Years 75 Months 7 Days 9 If less than one day hrs. min.
9. Birthplace Queentown Maryland.
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name James H. Shawn.
13. Birthplace Maryland.
MOTHER 14. Maiden name Mary Ross
15. Birthplace Ireland.
16. Informant Mrs Ralph Hoosey.
Address Denton Md
17. Buried Date thereof 1-21-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Denton Cemetery
Location Denton
18. Funeral director J. Virgil Moore & Son.
Address Denton
19. 1-21 1940 Mrs D O George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1940, at 10 15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 1940, to Jan 19 1940, and that I last saw him alive on Jan 19 1940.

Immediate cause of death — DURATION
Due to Acute Myocarditis — Sudden
Due to
Other conditions Arteriosclerosis — 1937
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hanson T George M. D. or other
Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
FEB 5 1947
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

0391

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline.
City or town Greensboro.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline.
City or town Greensboro. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Calvin Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Married.

6 (b) Name of husband or wife Barintha Smith.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29. 1851

8. AGE: Years 88 Months 5 Days 29 If less than one day hrs. min.

9. Birthplace Harrington Del R.F.D.
(Town, county, and state)

10. Usual occupation Agent.

11. Industry or business Fishing

FATHER 12. Name James W. Smith.
13. Birthplace Harrington Del. R.F.D

MOTHER 14. Maiden name Isabella Sapp.
15. Birthplace Harrington Del R.F.D

16. Informant Mrs. Effa Smith.
Address Greensboro. Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan. 31. 1940 (month) (day) (year)
Cemetery or crematory Greensboro.
Location Greensboro. Md.

18. Funeral director Raymond B. Rawlings.
Address Greensboro. Md.

19. Jan. 31. 1940 (Date rec'd by registrar) L. Mac Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27. 1940, at 12 P M

27. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 26 1940, to Jan 27 1940,
and that I last saw him alive on Jan 26 1940.

Immediate cause of death Bronchial Pneumonia — DURATION 4 da

Due to

Due to

Other conditions Arteriosclerotic Cardiovascular Disease — DURATION 71
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles H. Stevenson M.D.
M. D. or other
Address Greensboro Md Date signed Jan 30 1940

RECEIVED
FEB 2 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

0392

Reg. Dist. No. 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Ridgely
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Wilhelmina B Smith

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6. (b) Name of husband or wife Selby Smith
6(c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) April 25 1861

8. AGE:

Years	Months	Days	If less than one day
78	8	27	____ hrs. ____ min.

9. Birthplace Crumpton Queen Anne Co
(Town, county, and state)
10. Usual occupation housekeeper
11. Industry or business home

FATHER
12. Name Samuel Betton
13. Birthplace md

MOTHER
14. Maiden name Frances Ann Kirby
15. Birthplace unknown

16. Informant Mrs Bernard Hooker (daughter)
Address Queen Anne

17. Burial Date thereof Jan 26 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Ridgely
Location Ridgely Md
18. Funeral director J. Virgil Moore & Son
Address Denton Md
19. Jan 23 1940 J W Davis.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 10:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 1934, to Jan 22 1940, and that I last saw h[illegible] alive on Jan 21 1940.

Immediate cause of death Cardio-vascular renal disease — DURATION: years
Due to Hemiplegia rt — DURATION: 2 wks
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE [signature] M.D.
M. D. or other
Address Ridgely Date signed 1-23-40

JAN 31 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

0393

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline.
City or town Marydell.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline.
City or town Marydell. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Georgiana Stafford

3. (b) Social Security Number

4. Sex Female

5. Color or race W.

6.(a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife Edward Stafford

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 21 - 1858.

8. AGE: Years 81 | Months 1 | Days 7 | If less than one day hrs. min.

9. Birthplace Delaware.
(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Andrew Clark.
13. Birthplace Delaware.

MOTHER
14. Maiden name Sadie Wroten
15. Birthplace Delaware.

16. Informant Mrs. Gertrude Longfellow
Address Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 31. 1940 (month) (day) (year)
Cemetery or crematory Greensboro.
Location Greensboro, Md.

18. Funeral director Raymond B. Rawlings
Address Greensboro Md.

19 1/31/40 19 C. C. Smith Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29. 1940, at 3 0 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death Trapped in burning building and burned to death at 1:30 in morning of Jan 29 1940

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Melvin N Nuttall M. D. or other

Address Deputy Medical Examiner Date signed 1/30/40

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

0394

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Near Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Edward Standford

3. (b) Social Security Number /

4. Sex male

5. Color or race Col

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Vinnie Standford

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 72 | Months | Days | If less than one day hrs. min.

9. Birthplace Near Denton. Md.

(Town, county, and state)

10. Usual occupation Day Labor on Farm

11. Industry or business

FATHER 12. Name Edward Standford

13. Birthplace Maryland

MOTHER 14. Maiden name Martha Downe

15. Birthplace Maryland

16. Informant John Satterfield

Address Denton. Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 1-19-40 (month) (day) (year)

Cemetery or crematory Robinson Burial Lot

Location Near Denton

18. Funeral director J. Virgil Ewan & Son

Address Denton. Md.

19. 1-19 (Date rec'd by registrar) 1940 Mr DO George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 4:00 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Nov. 10 1939 to Jan. 14 1940

and that I last saw him alive on Jan 14-1940

Immediate cause of death Cerebral Hemorrhage — DURATION: day

Due to Arteriosclerosis — 3

Hypertension — 2

Due to — 1

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Small M. D. or other

Address Denton Md Date signed 1-19-40

RECEIVED
FEB 5 1940
BUREAU V. S.

0395

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 50 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Greensboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah E. Tinley

3. (b) Social Security Number

4. Sex: Female

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: widowed.

6 (b) Name of husband or wife: John Tinley.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 20, 1859

8. AGE: Years: 81 Months: Days: 5 If less than one day ____ hrs. ____ min.

9. Birthplace: Near Greensboro Maryland.

(Town, county, and state)

10. Usual occupation: Housework.

11. Industry or business: ✓

FATHER

12. Name: William Dyer.

13. Birthplace: Maryland.

MOTHER

14. Maiden name: Henrietta Cohee.

15. Birthplace: Maryland

16. Informant: Mrs. Sarah Nichols

Address: Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 28. 1940 (month) (day) (year)

Cemetery or crematory: Greensboro.

Location: Greensboro, Md

18. Funeral director: Raymond B. Rawlings.

Address: Greensboro. Md

19. Jan. 28 1940 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 25 1940, at 9.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22 1940, to Jan 23 1940 and that I last saw her alive on Jan 23 1940.

Immediate cause of death: Cerebral Hemorrhage with hemiplegia

DURATION: 2 da

Due to

Due to

Other conditions: Arterio Sclerotic Cardiovascular Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles H. Stoneman M.D. M.D. or other

Address: Greensboro Md Date signed: Jan 27 1940

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0396

946

1. PLACE OF DEATH

County Caroline Registration Dist. No. 64

Village or City Near American Corner No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albertine Trice If U. S. Veteran, specify WAR —

(a) Residence: No. Federalsburg, Md., R.F.D. St., Ward. No Social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Trice - 82 yrs.

6. DATE OF BIRTH (month, day, and year) August 4, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Jan. 1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Caroline County (State or country) Maryland

FATHER

13. NAME William Axford

14. BIRTHPLACE (city or town) Caroline County (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Carroll

16. BIRTHPLACE (city or town) Caroline County (State or country) Maryland

17. INFORMANT Mrs. Thomas Daffin (Address) Federalsburg, Maryland, R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Md. Date Jan. 23, 1940

19. UNDERTAKER J. J. Hampton and Son (Address) Federalsburg, Maryland

20. FILED Jan. 22, 1940 S. S. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 20 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attendad daceased from 1/19, 1940, to 1/20, 1940

I last saw h[illegible] alive on 1/26, 1940; death is said to have occurred on tha data stated above, at 5:15 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causas of importanca were as follows:

	Date of onset
Arterio Sclerosis	1/19/40

Other **Contributory Causes** of Importance:

Nama of operation Date of

What test confirmed diagnosis? Was thara an au'opsy? No

23. If daath was due to external causas (VIOLENCE) fill in also the following:

Acciдant, suicide, or homicide? Data of Injury, 19

Whera did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disaasa or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. K. Kirkus M. D.

(Address) Federalsburg, Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN